

MISSILE FIRING DATA REPORT (DRAGON AND TOW)

For use of this form, see AR 700-19; the proponent agency is ODCSLOG

REQUIREMENT CONTROL
SYMBOL AMC-224

1. MISSILE SYSTEM <input type="checkbox"/> DRAGON <input type="checkbox"/> TOW		2. MISSILE SERIAL NO.	3. MISSILE LOT NO.
4. NATIONAL STOCK NO.		5. WARHEAD TYPE <input type="checkbox"/> HEAT <input type="checkbox"/> INERT/PRACTICE <input type="checkbox"/> OTHER* _____	
6. MOUNT <input type="checkbox"/> GROUND <input type="checkbox"/> JEEP/TRK <input type="checkbox"/> APC <input type="checkbox"/> ITV (M901A1) <input type="checkbox"/> HMMWV <input type="checkbox"/> FAV <input type="checkbox"/> LAV <input type="checkbox"/> BFVS (M2/M3) <input type="checkbox"/> BFVS (M2A1/M3A1) <input type="checkbox"/> BFVS (M2A2/M3A2) <input type="checkbox"/> OTHER* _____ <input type="checkbox"/> AH-1 _____ <input type="checkbox"/> AIRCRAFT TAIL NO _____			
7. UNIT MAILING ADDRESS UIC CODE _____			
8. FIRING AGENCY <input type="checkbox"/> ARMY <input type="checkbox"/> NAT'L GUARD <input type="checkbox"/> MARINES <input type="checkbox"/> OTHER*		9. LOCATION (POST) WHERE FIRED	
10. PURPOSE OF FIRING <input type="checkbox"/> ANNUAL SERVICE PRACTICE <input type="checkbox"/> SCHOOL <input type="checkbox"/> DEMONSTRATION <input type="checkbox"/> OTHER*			
11. TIME OF MISSILE FIRING (MIL TIME) MONTH DAY YEAR		12. LIGHT CONDITIONS <input type="checkbox"/> DAY <input type="checkbox"/> NIGHT <input type="checkbox"/> TWILIGHT	
13. TEMPERATURE <input type="checkbox"/> F <input type="checkbox"/> C _____			
14. TRACKER OR NIGHT SIGHT SERIAL NO.		15. WEATHER <input type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> FOG/MIST <input type="checkbox"/> SMOKE/DUST <input type="checkbox"/> SLEET/SNOW <input type="checkbox"/> OTHER* _____ <input type="checkbox"/> OVERCAST	
16. TARGET ILLUMINATION <input type="checkbox"/> NONE <input type="checkbox"/> NIGHT SIGHT <input type="checkbox"/> FLARE <input type="checkbox"/> SEARCH LIGHT <input type="checkbox"/> OTHER* _____			
17. GUNNER EXPERIENCE <input type="checkbox"/> PREVIOUS MISSILES _____ <input type="checkbox"/> NO PREVIOUS MISSILES <input type="checkbox"/> NO GUNNER		18. DRAGON GUNNER POSITION <input type="checkbox"/> SITTING <input type="checkbox"/> STANDING <input type="checkbox"/> PRONE <input type="checkbox"/> KNEELING	
19. A/C MANEUVER (TOW/COBRA ONLY) <input type="checkbox"/> HOVER <input type="checkbox"/> SIDE SLIP <input type="checkbox"/> ST IN <input type="checkbox"/> TURN <input type="checkbox"/> OTHER* _____			

Blocks 20 - 23 pertain to TOW/Cobra only--Remainder applies to all platforms and missiles.

20. A/C ALTITUDE (FT AGL)		21. A/C SPEED (KT TAS)		22. COMBINED MODE <input type="checkbox"/> YES <input type="checkbox"/> NO		23. OVERRIDE USED <input type="checkbox"/> YES <input type="checkbox"/> NO	
24. TARGET TYPE <input type="checkbox"/> STANDARD STATIONARY 7.5 FT HIGH X 7.5 FT LONG <input type="checkbox"/> STANDARD MOVING 7.5 FT HIGH X 15 FT LONG <input type="checkbox"/> TANK <input type="checkbox"/> APC <input type="checkbox"/> TRUCK <input type="checkbox"/> BUNKER <input type="checkbox"/> OTHER* _____ FT HIGH X _____ FT LONG				25. TARGET DIRECTION <input type="checkbox"/> STATIONARY <input type="checkbox"/> MOVING LEFT <input type="checkbox"/> MOVING RIGHT			
26. TARGET SPEED (MPH)		27. RANGE OF TARGET (METERS)		28. TARGET HIT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
29. IMPACT POINT FROM CENTER OF TARGET (INCHES) <input type="checkbox"/> UP <input type="checkbox"/> RIGHT <input type="checkbox"/> DOWN <input type="checkbox"/> UNKNOWN <input type="checkbox"/> LEFT				30. WARHEAD FUNCTIONED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA (INERT/PRACTICE) <input type="checkbox"/> UNDETERMINED		31. RANGE TO IMPACT POINT (MISS ONLY) _____ (M)	
32. CAUSE OF MISS <input type="checkbox"/> MISSILE FAILURE <input type="checkbox"/> TRACKER FAILURE <input type="checkbox"/> LAUNCHER FAILURE <input type="checkbox"/> UNKNOWN EQUIP FAILURE <input type="checkbox"/> GUNNER ERROR (DESCRIBE)* _____ <input type="checkbox"/> OTHER (SPECIFY)* _____							
33. SEQUENCE OF EVENTS (TOW ONLY)		YES	NO	UNKNOWN	34. REMARKS* IF THE MISSILE FLIGHT WAS UNUSUAL OR TARGET MISS OCCURRED, DESCRIBE THE CIRCUMSTANCES, ESPECIALLY MISSILE BEHAVIOR. (*Continue on Reverse side if necessary).		
PASSED SELFTEST BEFORE FIRING							
PASSED SELFTEST AFTER FIRING							
GYRO SPIN UP							
LAUNCH MOTOR FIRED							
SOURCE ON							
FLIPPERS EXTENDED							
WINGS EXTENDED							
FLIGHT MOTOR FIRED							
LEADERS INTACT AFTER FIRING							
WIRES ATTACHED AFTER FIRING							
35. DATE		36. GUNNER'S NAME (TYPE OR PRINT)			37. OFFICER IN CHARGE (TYPE OR PRINT)		
					38. DSN/COMMERCIAL NO.		

MAIL COMPLETED FORM TO: CDR, U.S. ARMY MISSILE COMMAND, ATTN: AMSMI-RD-QA-RA-CC, REDSTONE ARSENAL, AL, 35898-5290